

# Kids Cook!

## Class Sign-Up Form

Please print this form and mail with your check payable to Kids Cook!  
to:

Kids Cook!  
58 Valley Estates Ct.  
Little Rock, AR 72212-4406

Child's  
Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's  
Name \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Other Ph. \_\_\_\_\_

E-mail  
Address \_\_\_\_\_

Class  
Requested \_\_\_\_\_

Class  
Date \_\_\_\_\_

Child's  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies? If yes, to what? \_\_\_\_\_

\_\_\_\_\_

*Fees are due at the time of sign-up in order to reserve your place and are non-refundable.*

Sorry, we cannot accept credit/debit cards at this time.